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FROM-AKERMAN SENTERFITT

5616596313

T-095 P.02/02 F-383

AUG 03 2006

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7590 US/04/2006

Stanley A. Kim, Ph.D., Esq.
 Akerman Senterfitt
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(D-positor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,809	11/26/2003	Herbert Weissbach	6818-00	8011

TITLE OF INVENTION: CATALYTIC ANTIOXIDANTS AND METHODS OF USE 08/03/2006 CNGUYEN1 00000074 500951 10723809

01 FC:2501 700.00 DA
02 FC:1504 300.00 DA

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
Nonprovisional	YES	\$700	\$300	\$1000	08/04/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENROD, YEVGENY	1621	562-426000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. AKERMAN SENTERFITT 2. _____ 3. _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02 or more recent) attached Use of a Customer Number is required.		

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 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FLORIDA ATLANTIC UNIVERSITY
HOSPITAL FOR SPECIAL SURGERY

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BOCA RATON, FLORIDA
NEW YORK, NEW YORKPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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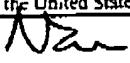
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Authorized Signature: 

Date: AUGUST 3, 2006

Typed or printed name: NICHOLAS A. ZACHARIADES

Registration No: 56,712

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/733,809
Filing Date	NOVEMBER 26, 2003
First Named Inventor	WEISSBACH, HERBERT
Art Unit	1621
Examiner Name	VALENROD, YEVGENY
Attorney Docket Number	6818-85-1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Akerman Senterfitt/Nicholas Zachanades, Reg. No. 56,712 P.O. Box 3188 West Palm Beach FL 33402-3188
Signature	
Date	AUGUST 3, 2006

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Type or printed name	Nicholas A. Zachanades, Reg. No. 56,712
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Date	AUGUST 3, 2006

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